

Course Registration



TRU-OL Student Services
 BCCOL
 805 TRU Way
 Kamloops BC V2C 0C8
 Fax: 250-852-6405
truopen.ca



GENERAL INFORMATION

- Complete and submit this form to register in courses (or register online).
- Applicants intending to complete a credential with Thompson Rivers University, Open Learning (TRU-OL) or applying for transfer credit are required to complete and submit the Program Admission form.
- Before registering for courses, confirm course availability and ensure prerequisites have been met by referring to the TRU-OL website or by contacting Student Services.
- Please complete both sides of this form to ensure your course registration will be processed efficiently.
- Applicants are not normally required to submit transcripts.
- Contact Student Services for more information.
 Email: student@tru.ca or phone: **1.800.663.9711** (toll-free in Canada) or **250.852.7000** (Kamloops and International).

I HAVE A TRU STUDENT NUMBER YES NO

ENTER TRU STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

PREVIOUS SURNAME (if applicable)

MAILING ADDRESS (include buzzer code if applicable)

MAILING ADDRESS—SECOND LINE (if necessary)

CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER
Area Code <input style="width: 40px;" type="text"/> Local <input style="width: 60px;" type="text"/>	Area Code <input style="width: 40px;" type="text"/> Local <input style="width: 60px;" type="text"/>

EMAIL ADDRESS (print clearly)

DATE OF BIRTH	GENDER	COUNTRY OF CITIZENSHIP
Day <input style="width: 20px;" type="text"/> Month <input style="width: 20px;" type="text"/> Year <input style="width: 40px;" type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input style="width: 100%;" type="text"/>

VISA STATUS (NON-CANADIAN) IF RESIDING IN CANADA

<input type="checkbox"/> Student	<input type="checkbox"/> Permanent Resident (Landed Immigrant)	<input type="checkbox"/> Visitor	<input type="checkbox"/> Work Permit Diplomat	<input type="checkbox"/> Other
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ACCESSIBILITY SERVICES REQUIREMENT

I require Accessibility Services related assistance or accommodations for my course(s), including materials, exams, funding, or special request.

YES NO

If yes, your registration application will be placed in "pending status" until all details are confirmed.

EMPLOYMENT TYPE*

Check (✓) the box that reflects your current activity.

- | | |
|--|--|
| <input type="checkbox"/> A. Student | <input type="checkbox"/> D. Retired |
| <input type="checkbox"/> B. Employed | <input type="checkbox"/> E. Undeclared |
| <input type="checkbox"/> C. Unemployed | <input type="checkbox"/> F. Incarcerated |

EDUCATION LEVEL*

Check (✓) the box that reflects the highest level of education that you have completed.

- | | |
|---|---|
| <input type="checkbox"/> 21 Elementary | <input type="checkbox"/> 25 College certificate/diploma |
| <input type="checkbox"/> 22 Some secondary | <input type="checkbox"/> 26 University degree |
| <input type="checkbox"/> 23 Secondary school graduate | <input type="checkbox"/> 27 Undeclared |
| <input type="checkbox"/> 24 Some post-secondary | <input type="checkbox"/> 28 Other |

EDUCATION GOAL*

I intend to complete a credential with TRU-OL. Check (✓) the most appropriate box. YES NO

- | | |
|---|--|
| <input type="checkbox"/> 10 Grade 10/11 Certificate | <input type="checkbox"/> CR General Upgrading |
| <input type="checkbox"/> 12 Grade 12 Adult Graduation | <input type="checkbox"/> DI Diploma (TRU) |
| <input type="checkbox"/> AS Associate Degree (TRU) | <input type="checkbox"/> GE General Interest, Career Upgrading |
| <input type="checkbox"/> BA Bachelor's Degree (TRU) | <input type="checkbox"/> TC Transfer Credit (Visiting Student) |
| <input type="checkbox"/> CE Certificate (TRU) | <input type="checkbox"/> 00 Undeclared |

ABORIGINAL SELF-IDENTIFICATION (OPTIONAL)

Do you identify yourself as an Aboriginal in Canada? YES NO

Do you identify with one or more of the following:

First Nations Métis Inuit

*Note: This information is collected for statistical purposes only and will not affect your eligibility for admission into courses and programs.

REGISTER ONLINE, BY PHONE, OR BY FAX

www.truopen.ca
 1-800-663-9711 (toll-free in Canada)
 250-852-7000 (Kamloops and International)
 Fax: 250-852-6405

REGISTER BY MAIL

TRU-OL, Student Services
 BC Centre for Open Learning
 805 TRU Way, Kamloops, BC
 Canada V2C 0C8

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

Grid for TRU Student Number

COURSE(S) SELECTION Please complete all information in order to ensure your course registration will be processed efficiently.

Table with 7 columns: COURSE LETTER CODE, COURSE NUMBER, FORMAT: CHECK ONE (PRINT, WEB), COURSE TITLE, FEE, CRN, TERM. Contains 5 empty rows for course selection.

REGISTRATION PAYMENT (DEPOSITED ON RECEIPT)

Applicants residing outside British Columbia and the Yukon are charged higher fees. Refer to the TRU-OL website or contact Student Services for details.

TOTAL FEES PAID (CDN) \$ _____

CHEQUE \$ _____ MONEY ORDER \$ _____

Cheque/money order payable to Thompson Rivers University.

PASSPORT TO EDUCATION \$ _____

SPONSORSHIP (Attach sponsor's letter of authorization) \$ _____

FULL-TIME FINANCIAL AID/AWARDS \$ _____

PART-TIME FINANCIAL AID/AWARDS (Attach application form) \$ _____

COURSE MATERIALS

Course materials for courses delivered by TRU-OL are included with your registration, unless otherwise stated in the detailed course information. The materials will be shipped directly to the mailing address provided on this form. Courses delivered by our consortium partners, Simon Fraser University and the University of Victoria, do not include materials. Materials are purchased separately through the delivering institution.

CREDIT CARD Phone 1-800-663-9711 for information on how to pay online using a credit card and to confirm course fees.

Declaration:

I understand and agree that: (i) this is a registration for a TRU-OL course and is subject to the limitation of available resources; (ii) any misrepresentation of information may result in the cancellation of my registration and such misrepresentation may be shared with other post-secondary institutions; (iii) information placed in my student record will be used for the purpose of admission, registration, record keeping, statistical research, or program evaluation and for purposes consistent with the administration of the University and its programs and services including the programs of student societies/student unions, alumni associations and the Thompson Rivers University Foundation; (iv) my personal information will be reported as required by provincial or federal authority; (v) I am subject to the policies and rules of TRU and TRU-OL. I certify that all statements on this application are true and complete and I authorize TRU to verify them.

STUDENT'S SIGNATURE _____ DATE _____